

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means by Prior Reference
Vote:	5 - 0 - 0
Yeas:	Close, Dingfelder, Kruse, Roblan, Prozanski
Nays:	0
Exc.:	0
Prepared By:	Anna Braun, Counsel
Meeting Dates:	2/14

WHAT THE MEASURE DOES: Defines “adverse health incident.” Allows patient (except inmate), health care facility including location operated by health facility or provider to file notice of adverse health incident with Oregon Patient Safety Commission (OPSC). Charges OPSC with gathering and disseminating patient safety information. Provides mechanism for discussion and options for responding to notice. Tolls statute of limitation for six months after notice filed. Makes discussions confidential and inadmissible with exception. States evidence of participation or non-participation in program is inadmissible. Allows for option of mediation after discussion. Ensures any payments are not considered written claim or demand for payment. Prohibits professional liability carrier from denying coverage based on participation but allows carriers to impose reasonable requirements or policy provisions. Does not preclude negligence claim in court. Authorizes rulemaking. Creates 14-member Task Force on Resolution of Adverse Health Care Incidents. Requires report to legislature in five years. Establishes 10-year sunset. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Experience of Michigan
- Role of insurers

EFFECT OF COMMITTEE AMENDMENT: Changes task force membership from 12 to 14 people. Adds one member from the hospital industry and one advocate for patient safety. Clarifies task force charge. Changes nurse reference to ORS 678.010-678.410. Adds “location operated by health care facility” to health care facility that may file a notice. States whether or not a party participated remains inadmissible. Clarifies professional liability carriers may impose reasonable policy provisions. Prohibits inmates from filing notice under the bill.

BACKGROUND: On May 19, 2012, representatives from the Oregon Medical Association and the Oregon Trial Lawyer Association convened an advisory group to address issues of medical liability. The work group agreed on the principles of improved patient safety, preservation of access to justice and reduced costs. The draft proposal was for an early discussion and resolution process, which was submitted to the Governor on June 21, 2012. The Patient Safety and Defensive Medicine (PSDM) Task Force was established by Senate Bill 1580 in the 2012 session and continued the work of the advisory group. Senate Bill 483A is the product of that work group.